

WATER QUALITY PARAMETERS

(ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: _____ System Type: (Check one) MC___ NN___ OC___ TN___
System
Address: _____ City: _____ County: _____ Region
Entry Point WI Unique
Pws Id#: _____ ID: _____ Well No: _____ DNR Contact: _____

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	Sampler
	If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy): Fax number: _____ E-mail: _____

Sample Source: ___ W Well ___ E Entry Point ___ D Distribution System	Sample Type: ___ D Compliance Sample ___ C Confirmation Sample ___ I Investigation Sample ___ W Raw Water Sample
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Special Instructions: PH & TEMPERATURE MUST BE MEASURED IN THE FIELD & REPORTED ON BACK SIDE

Collect sample between: ___/___/___ and ___/___/___

Section II: To be completed by SAMPLER

Sample Collection Date ___/___/___ Time: ___ : ___ ☐ a.m. ☐ p.m.
mm dd yyyy
Address where sample was collected: _____
Sample Point Description: _____
First Initial and
Last Name of Sampler: ___ - _____

Section III: To be completed by LAB. Report test results on back for PWS and electronically to DNR within 10 days per NR 809.80

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.
NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: _____	Laboratory Name: _____	
Date Sample Received: ___/___/___	Time Sample Received: ___ : ___	Laboratory Sample ID: _____
Signature of Receiving Lab Official: _____		Date Reported to PWS: ___/___/___
Condition of Sample Upon Receipt: _____		

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose.

This page to be completed by the laboratory performing analysis.

PWS ID: _____

Lab Sample ID: _____

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
410	ALKALINITY TOTAL CaCO3					MG/L
916	CALCIUM TOTAL					MG/L
95	CONDUCTIVITY AT 25C					
671	PHOSPHATE ORTHO DISS					
400	PH FIELD					
955	SILICA DISS					
10	WATER TEMP					

Approved By QA Officer: _____ Date: _____

Laboratory Manager: _____ Date: _____

Comments: _____